

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000965

STATE FILE NUMBER

AMENDED

Registration District No. 102Primary Registration District No. 4174

Registrar's No. _____

FILED FEB 14 1962

1. PLACE OF DEATH

a. COUNTY Dunklinb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN CardwellLength of stay in lb
2mos.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dunklinc. CITY
OR
TOWN CardwellInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION At Home CardwellInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First ARCHIEMiddle MARMADUKELast COSSEY4. DATE
OF
DEATHMonth Jan.Day 18Year 1962

5. SEX

Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10/24/18869. AGE (last birthday)
65IF UNDER 1 YEAR
Months 2 Days 24IF UNDER 24 HR
Hours 24 Min. 10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
Same11. BIRTHPLACE (City and state or country)
Batesville Ark.12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Conrod Cossey

13b. MOTHER'S MAIDEN NAME

Fannie Dawson

14. NAME OF HUSBAND OR WIFE

Martha Gilmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes W. W. I.

17. INFORMANT

Address

Martha Cossey Cardwell Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CarcinomatosisINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female, was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Seen only after death

and last saw her

him alive on

Death occurred at approx 2:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Sam B. Watson, M.D.

22b. ADDRESS

Cardwell, Mo.

22c. DATE SIGNED

1-25-6223a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

1-20-1962

23c. NAME OF CEMETERY OR CREMATORY

Manila Cemetery

23d. LOCATION (City, town, or county)

Manila Ark.

(State)

24. FUNERAL DIRECTOR

ADDRESS

HOWARD LEACHVILLE ARK.

25. DATE REC'D. BY LOCAL REG.

1-25-62

26. REGISTRAR'S SIGNATURE

Edna Belknap

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MS FEB 1 1962

FEB 27 1962

MAR 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. Howard

Licensed Embalmer No. 3959

P. O. Address Beyersville Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.